

this innovative legislation. I want to specifically point out the section that deals with sexual harassment and domestic violence that is incorporated in H.R. 2116.

In the wake of several allegations of sexual harassment in the Armed Services, H.R. 2116 would reauthorize until December 31, 2002, a VA program that provides counseling and medical treatment to veterans who were sexually abused or raped while serving in the military. It is estimated that 35 to 50 percent of all female veterans have reported at least one incident of sexual harassment while serving in the military.

I enthusiastically encourage and urge each Member of this august body to vote in favor of the Veterans Millennium Health Care Act.

Mr. Speaker, I rise today in support of the Veterans Millennium Health Care Act, H.R. 2116, and encourage all of my colleagues to add their support for this measure that will take veterans health care into the 21st century.

I applaud the bipartisan effort that led to the creation and movement of this innovative legislation.

This bill tackles some of the most pressing issues facing the VA, including the VA long-term care challenge, and provides a blueprint to help position VA for the future.

This bill opens the door to an expansion of long-term care, to greater access to outpatient care and to improve benefits including emergency care coverage. The measure improves access to care through facility realignment, eligibility enhancement for military retirees and veterans injured in combat, and ensures that the VA offers nursing home care to the highest priority veterans.

One provision of this bill would require the VA to maintain long-term care programs and increase both home and community-based long-term care and respite care. The VA also would be required to provide long-term care for 50-percent service-connected veterans, and veterans needing care for a specific service-related condition. Another provision would require other veterans receiving long-term care to make co-payments, based on ability to pay. The revenues from co-payments would support expanded long-term benefits.

This bill would set conditions under which the VA could close an obsolete, inefficient hospital and reinvest savings in new outpatient clinics and other improved services for the veterans affected. It also extends VA's authority to make grants to assist homeless veterans, and reform the criteria for awarding grants for building and remodeling State veterans' homes.

The measure also would extend the length of time the VA could lease facilities, space or land to private companies from 35 years to 75 years. This extension would raise the incentive to foster private-public relationships between the VA and local hospitals, nursing homes and clinics, allowing VA to contract out under-utilized property.

The eligibility provisions include specific authority for VA care of veterans who were awarded the Purple Heart for injuries sustained in combat, and authority for VA care of TRICARE-eligible military retirees not otherwise eligible for priority VA care. Under this

provision, DOD would reimburse VA for such care at rates to be negotiated by the Departments.

Another measure authorizes VA to establish and make payments for emergency care of service-connected and low-income veterans who have no health insurance or other medical coverage and rely on VA care.

H.R. 2116 also would generate revenues by authorizing VA to increase copayments on prescription drugs and establish copayments on hearing aids and other costly items provided for nonservice-connected conditions. Such new revenues would be earmarked to fund VA medical care.

In the wake of several allegations of sexual harassment in the armed services, H.R. 2116 would reauthorize, until December 31, 2002, a VA program that provides counseling and medical treatment to veterans who were sexually abused or raped while serving in the military. It is estimated that 35 percent to 50 percent of all female veterans have reported at least one incident of sexual harassment while serving in the military.

These initiatives cover the broad spectrum of programs long sought by veterans and would ensure that this Nation is responsive to those who have served in armed conflicts for almost a century. Further it would send a powerful signal to those now serving that their extraordinary sacrifices are appreciated and that the health care they have earned through years of dedicated service will be available when or if they need it.

Caring for America's veterans is an ongoing cost of war. As a nation, if we fail in this obligation, how can we justify sending more and more young service members into harm's way? How might we expect our children and grandchildren to volunteer for military service in the future, if we are not prepared to keep promises to disabled veterans today?

Additionally, our failure to appropriately fund the VA will mean that veterans may not receive the health care they need and the level of service they deserve. Appropriate funding is vital to keeping the promise that was made to our veterans when they joined the Armed Forces and made their promise to serve their country. Only with this funding can we begin to meet the long-term care needs of our aging veterans. We owe more to the men and women who served our Nation in battle.

H.R. 2116 is a good bill with very important provisions that have been endorsed by major veterans groups. It passed by an overwhelmingly majority in the full Committee on Veterans Affairs. I urge all my colleagues to support this legislation.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. HEFLEY).

Mr. HEFLEY. Mr. Speaker, I want to commend the gentleman from Arizona (Mr. STUMP) on bringing this bill to the floor of the House. This is one of the really serious issues, veterans and retirees' health care both. We are dealing with veterans' health care here, but both are very, very important.

As I go around to these various military bases, and I am sure my colleagues have the same experience, one of the things that the young recruits express concern about is that recruits before them were promised certain health care benefits that they do not feel they are getting today.

I think the bill that my colleague is proposing today goes a long way towards meeting that concern or, at least, takes giant steps in that direction. I think it will help in recruitment, it will help in retention.

It is an extremely important thing that we ask people to go and lay their necks on the line for America and, by golly, we need to take care of their health care needs; and I think my colleague goes a long way towards that. I thank the gentleman for yielding me the time and for bringing this bill to the floor.

Mr. REYES. Mr. Speaker, it is my pleasure to yield 4 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, there are many ways that we can express our gratitude to those who answered their Nation's call and have made such great sacrifices for their country, sacrifices that protect our country and our people and ensure that we embody the highest aspirations of human endeavor to allow each individual to conduct a life with freedom and with dignity.

I rise in support of this legislation, which not only extends long-term care services but also attempts to extend an additional degree of dignity to our veterans that comes with home- and community-based health care options that are recommended in this bill.

The legislation recognizes that even though the Veterans Administration operates the largest health care system in the United States, there are still many communities that desperately lack resources for our veterans.

Central Texas, which I represent, is experiencing a rapid growth in the number of veterans that are retiring there; and many of these folks are entitled to medical services that just simply are not available nearby at our local Veterans Outpatient Clinic or at other local health care facilities.

If a woman in Travis County, for example, needs a mammogram, she has to drive 60 to 70 miles to get one. Despite all the orthopedic doctors in Austin, Texas, veterans must make the same long drive past those clinics and to a VA Hospital because none of the services are available locally.

So I am pleased that the committee is exploring new ways for the Veterans Administration to spread its resources. For instance, the bill allows the Veterans Administration to enter into long-term leases to improve services.

The veterans health care system is facing considerable budget pressures as it attempts to deal with an aging veterans population and escalating pharmaceutical costs. But while we must maintain fiscal discipline, it is important that our veterans who defended our freedom do not bear a disproportionate share of the burden.

Mr. Speaker, in August, the New York Times reported on an audit of the Veterans Health Administration by the General Accounting Office, the investigating arm of Congress, under the headings "Audit of VA Health Care